

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 23-01661 ESL
COLON RODRIGUEZ, WILLIAM	*	CHAPTER 13
xxx-xx-9056		
CRUZ CASTRO, ANNEL	*	
xxx-xx-4573	*	
DEBTORS		

**DEBTORS' NOTICE OF FILING of AMENDED FORM 122C-1 CHAPTER 13
STATEMENT OF YOUR CURRENT MONTHLY INCOME AND CALCULATION OF
COMMITMENT PERIOD and AMENDED FORM 122C-2 CHAPTER 13
CALCULATION OF YOUR DISPOSABLE INCOME**

TO THE HONORABLE COURT:

COME NOW, WILLIAM COLON RODRIGUEZ and ANNEL CRUZ CASTRO, the Debtors in the above captioned case, through the undersigned attorney, and very respectfully state and pray as follows:

1. The Debtors are hereby submitting *Amended Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period and Amended Form 122C-2 Chapter 13 Calculation of Your Disposable Income*, dated August 16, 2023, herewith and attached to this motion.

2. The amendments to Forms 122C-1 and 122C-2 are filed to **amend and correct the Debtors' total average monthly income, specifically Form B22C Line No. 11 is amended to state the correct average monthly income as \$5,086.51, in the above captioned case .**

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties (Non-CM/ECF participants) appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 16th day of August, 2023.

/s/Roberto Figueroa Carrasquillo

USDC #203614

RFIGUEROA CARRASQUILLO LAW OFFICE PSC

ATTORNEY FOR the DEBTORS

PO BOX 186 CAGUAS PR 00726

TEL NO 787-744-7699 787-963-7699

Email: rfe@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1 WILLIAM COLON RODRIGUEZ

Debtor 2 ANNEL CRUZ CASTRO
(Spouse, if filing)

United States Bankruptcy Court for the: District of Puerto Rico, San Juan
Division

Case number 3:23-bk-1661
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☒ Check if this is an amended filing

Official Form 122C-1**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 3,309.81	\$ 1,776.71
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1
Debtor 2

COLON RODRIGUEZ, WILLIAM & CRUZ CASTRO,
ANNEL

Case number (if known)

3:23-bk-1661

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 3,309.81	+ \$ 1,776.71 = \$ 5,086.52
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11.	\$ 5,086.52
13. Calculate the marital adjustment. Check one:	
<input type="checkbox"/> You are not married. Fill in 0 below.	
<input checked="" type="checkbox"/> You are married and your spouse is filing with you. Fill in 0 below.	
<input type="checkbox"/> You are married and your spouse is not filing with you.	
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.	
Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.	
If this adjustment does not apply, enter 0 below.	
	\$
	\$
	+\$
Total	\$ 0.00
	Copy here=> - 0.00
14. Your current monthly income. Subtract line 13 from line 12.	\$ 5,086.52
15. Calculate your current monthly income for the year. Follow these steps:	
15a. Copy line 14 here=>	\$ 5,086.52

Debtor 1
Debtor 2

**COLON RODRIGUEZ, WILLIAM & CRUZ CASTRO,
ANNEL**

Case number (if known) **3:23-bk-1661**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ **61,038.24**

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

PR

16b. Fill in the number of people in your household.

3

16c. Fill in the median family income for your state and size of household.

\$ **32,807.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ **5,086.52**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. Subtract line 19a from line 18.

\$ **5,086.52**

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b

\$ **5,086.52**

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ **61,038.24**

20c. Copy the median family income for your state and size of household from line 16c

\$ **32,807.00**

21. How do the lines compare?

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ WILLIAM COLON RODRIGUEZ

WILLIAM COLON RODRIGUEZ

Signature of Debtor 1

Date August 16, 2023

MM / DD / YYYY

X /s/ ANNEL CRUZ CASTRO

ANNEL CRUZ CASTRO

Signature of Debtor 2

Date August 16, 2023

MM / DD / YYYY

Debtor 1
Debtor 2

**COLON RODRIGUEZ, WILLIAM & CRUZ CASTRO,
ANNEL**

Case number (if known)

3:23-bk-1661

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 WILLIAM COLON RODRIGUEZ

Debtor 2 ANNEL CRUZ CASTRO

(Spouse, if filing)

United States Bankruptcy Court for the: District of Puerto Rico, San Juan Division

Case number 3:23-bk-1661
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3 Living
0 Housing

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,700.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 79

7b. Number of people who are under 65 X 3

7c. Subtotal. Multiply line 7a by line 7b. \$ 237.00 Copy here=> \$ 237.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 154

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. Total. Add line 7c and line 7f. \$ 237.00 Copy total here=> \$ 237.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ Housing and utilities - Insurance and operating expenses

■ Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 677.00

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 774.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
----------------------	-------------------------

-NONE-	\$ <u>0.00</u>
--------	----------------

9b. Total average monthly payment \$ 0.00

Copy here=> -\$ 0.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 774.00 Copy here=> \$ 774.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 298.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard..... \$ 629.00

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Banco Popular de Puerto Rico	\$ <u>5.75</u>
Pentagon Federal Cr Un	\$ <u>468.25</u>

Total Average Monthly Payment

\$ 474.00

Copy
here =>

-\$ 474.00

Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if the number is less than \$0, enter \$0.

\$ 155.00

Copy net
Vehicle 1
expense here
=>

\$ 155.00

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$ _____

Total average monthly payment

\$ _____

Copy
here
=>

-\$ 0.00

Repeat this
amount on line
33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

\$ 0.00

Copy net
Vehicle 2
expense here
=>

\$ 0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation expense allowance regardless of whether you use public transportation.* \$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 0.00

Debtor 1
Debtor 2

COLON RODRIGUEZ, WILLIAM & CRUZ CASTRO,
ANNE

Case number (if known)

3:23-bk-1661

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 686.14
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 680.51
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
☒ as a condition for your job, or
☒ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. \$ 5,207.65

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 100.27

Disability insurance \$ 0.00

Health savings account + \$ 0.00

Total \$ 100.27

Copy total here=> \$ 100.27

Do you actually spend this total amount?

☐ No. How much do you actually spend?

☒ Yes \$ _____

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00

By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ 3.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 103.27

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly
payment

33a. Copy line 9b here => \$ 0.00

Loans on your first two vehicles

33b. Copy line 13b here => \$ 474.00

33c. Copy line 13e here => \$ 0.00

- 33d. List other secured debts

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment
include taxes
or insurance?

Coop A/C Asociacion de la
Policia

Shares and Savings

☒ No

☐ Yes

\$ 50.00

Fede Coop

Secured property

☒ No

☐ Yes

\$ 128.28

☐ No

☐ Yes

+\$

- 33e. Total average monthly payment. Add lines 33a through 33d

\$ 652.28

Copy
total
here=>

\$ 652.28

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
- ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____ + 60 = \$ _____	
		Total \$ <u>0.00</u>	Copy total here=> \$ <u>0.00</u>

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.
- ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 0.00 + 60 \$ 0.00

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ _____	Copy total here=> \$ _____
X _____	
\$ _____	

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ 652.28

Total Deductions from Income**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances

\$ 5,207.65

Copy line 32, All of the additional expense deductions

\$ 103.27

Copy line 37, All of the deductions for debt payment

+\$ 652.28

Total deductions.....

\$ 5,963.20

Copy total here=>

\$ 5,963.20

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$ 5,086.52

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0.00

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 0.00

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ 5,963.20

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances**Amount of expense**

Total \$ 0.00

Copy here=> \$ 0.00

44. Total adjustments. Add lines 40 through 43 => \$ 5,963.20 Copy here=> -\$ 5,963.20

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$ -876.68

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1
Debtor 2

**COLON RODRIGUEZ, WILLIAM & CRUZ CASTRO,
ANNEL**

Case number (if known) **3:23-bk-1661**

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ WILLIAM COLON RODRIGUEZ

WILLIAM COLON RODRIGUEZ

Signature of Debtor 1

Date **August 16, 2023**

MM / DD / YYYY

X /s/ ANNEL CRUZ CASTRO

ANNEL CRUZ CASTRO

Signature of Debtor 2

Date **August 16, 2023**

MM / DD / YYYY

Label Matrix for local noticing
0104-3
Case 23-01661-ESL13
District of Puerto Rico
Old San Juan
Wed Aug 16 09:03:18 AST 2023

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

Banco Popular de Puerto Rico
Bankruptcy Department
PO Box 366818
San Juan, PR 00936-6818

Coop A/C Asociacion de la Policia
Road #1 Km 20.9 Sect La Muda
San Juan, PR 00926

FIRST BANK
CONSUMER SERVICE CENTER
BANKRUPTCY DIVISION (CODE 248)
PO BOX 9146 SAN JUAN PR 00908-0146

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107-0145

(p)MOHELA
CLAIMS DEPARTMENT
633 SPIRIT DRIVE
CHESTERFIELD MO 63005-1243

Pentagon Federal Cr Un
PO Box 1432
Alexandria, VA 22313-1432

Synchrony Bank
PO Box 105972
Atlanta, GA 30348-5972

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

ORIENTAL BANK CCU
CCU BANKRUPTCY DEPARTMENT
PO BOX 364745
SAN JUAN, PR 00936-4745

(p)ASOCIACION DE EMPLEADOS DEL ELA
ATTN IRITZA ORTIZ ECHEVARRIA
PO BOX 364508
SAN JUAN PR 00936-4508

Capital One
PO Box 31293
Salt Lake City, UT 84131-0293

DEPARTMENT OF TREASURY
BANKRUPTCY SECTION 424 B
PO BOX 9024140
SAN JUAN, PR 00902-4140

Fede Coop
Po Box 270-022
San Juan, PR 00928-2822

Firstbank Puerto Rico
PO Box 11856
San Juan, PR 00910-3856

Oriental Bank
Retail Operation & Collections
Box 364745,
San Juan, P.R. 00936-4745
Att.: Ramn A. Snchez Marrero 00936-4745

Portfolio Recov Assoc
120 Corporate Blvd Ste 100
Norfolk, VA 23502-4952

Thd/Cbna
PO Box 6497
Sioux Falls, SD 57117-6497

MONSITA LECAROS ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
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POPULAR AUTO
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SAN JUAN, PR 00936-6818

Asoc Emp Ela
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San Juan, PR 00936-4508

Capital One N.A.
by American InfoSource as agent
PO Box 71083
Charlotte, NC 28272-1083

Directtv
Road
887 Esq 848
Carolina, PR 00979

Fetti Fingerhut/webban
13300 Pioneer Trl
Eden Prairie, MN 55347-4120

Hospital Menonita Cayey
Road 14 Interior Km 0.3 Bo Rincon Sect L
Cayey, PR 00736

POPULAR AUTO
BANKRUPTCY DEPARTMENT
PO BOX 366818
SAN JUAN PUERTO RICO 00936-6818

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

ANNEL CRUZ CASTRO
HC03 BOX 37258
CAGUAS, PR 00725-9713

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

WILLIAM COLON RODRIGUEZ
HC03 BOX 37258
CAGUAS, PR 00725-9713

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

AEELA
PO Box 364508
San Juan, PR 00936-4508

Mohela/Dept of Ed
633 Spirit Dr
Chesterfield, MO 63005-1243

Portfolio Recovery Associates, LLC
POB 12914
Norfolk VA 23541

End of Label Matrix	
Mailable recipients	30
Bypassed recipients	0
Total	30